

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/462717
APPLICANT(S)

FILING DATE

APPLICANT(S)	
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CLAIMS

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1	1				
2	1	1				
3	2	2				
4	2	2				
5						
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23	1	1				
24	1	1				
25	2					
26	1					
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61	1	1				
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